I	PATEN	IT APPL	ICA E#-	N FEE	DETE	RMINA	TION REC	OR	3	Applica //	ition o	r Docket I	Number	
ŀ		CLA		ctive No			98			· /\	Do	100)	
L	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
L	FOR	NUMBER FILED			NUMBER EXTRA			RATI	FE		RATI			
L	BASIC FEE						7		380.	∞ o	R	1841		
Ŀ	TOTAL CLAIMS	/ minus 20=		ıs 20=	•		1	X\$ 9:	=	7	R X\$18	10/0		
12	NDEPENDENT	CLAIMS	2 minus 3 =		us 3 =	•		1	X39=		-	`` \		
A	MULTIPLE DEPENDENT CLAIM PRESENT							1			\dashv°	R		
*	If the differen	ce in colu	nn 1 is	less than	78M. 8	nter "O" in	column 2		+130=	_	0	+260=		
							00.01112		TOTAL			R TOTAL	- <i>184</i> 0	
•	_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column CLAIMS HIGHEST								L ENTITY	OF		R THAN LENTITY	
AMENDMENT A		REMA AFI AMENI	INING TER		NUME PREVIO	UMBER EVIOUSLY UD FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	• 4	?	Minus	** 2	20		11	X\$ 9=		OR	X\$18=	1	
3	Independent +		10546	Minus	***	<u>3</u>	-	11	X39=	1	OR	1000	1	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							! -	+130=	1	7'''	 	1	
								L	TOTAL	ļ	OR	5050	SV	
		(Colun	nn 1)		(Co)	lumn 2)	(Column 3)	Aİ	OOT. FEE		OR	ADDIT. FEE	8400	
A REPORTED IN		CLAI REMAI AFTE AMENDI	MS NING ER		HK NU PRE	SHEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
2	Total	•		Minus	44		=		X\$ 9=		OR	X\$18=	- FEE	
E	Independent	<u> •</u>	1	Minus	***		E	上	X39=		1	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
									130=		OR	+260=		
		(0 -1	- 45					AD	TOTAL OIT. FEE		OR	TOTAL NOOIT, FEE	•	
,		(Colum	S	- .		IMN 2) ((Column 3)	_						
		REMAIN AFTEI AMENDM	R		PREV	MBER HOUSLY DFOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•		Minus	**		=	5	\$ 9=	<u> </u>	OR	X\$18=	FEE	
	Independent	*		Minus	***		E	-	39=		1	X78=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\vdash	130=		OR	A/0=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR OR	+260= TOTAL		
T	me "Highest Num he "Highest Num	nber Previou ber Previous	sty Paid	For IN THIS	S SPACE Independ	is less than lent) is the h	3, enter "3."	ADD Literate	IT. FEE L	nodata k	A P	-		
	PTO-475						Ances (INITIDAL)	NUM I	n ena stobi	obuste po	in colu	mn 1.	j	
	P10-675 196)						F	a trens	nd Trademi	rk Office. U	S DEPA	RTVENT OF	COMMERCE	

Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE